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 Complete if Known

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INFORMATION DISCLOSURE STATEMENT BY APPLICANT(S)		Filing Date		
		First Named Inventor		Zilvoid
		Art Unit		1723
		Examiner Name		/Zulmariam Mendez/
Sheet 1 of 1		Attorney Docket No.		HMNZ 2 00040

## U.S. PATENT DOCUMENTS

Examiner Initials*	Cite No.	Document No. Number-Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document
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## FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No.	Foreign Patent Document Country Code-Number Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	T
	AM	EP 1 298 231	04-02-2003	Zilvoid	<input type="checkbox"/>
	AN	WO 98/32900	07-30-1998	Zilvoid	<input type="checkbox"/>
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## OTHER - NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume/issue number(s), publisher, city and/or country where published	T
	AQ		<input type="checkbox"/>
	AR		<input type="checkbox"/>
	AS		<input type="checkbox"/>
	AT		<input type="checkbox"/>
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Examiner Signature	/Zulmariam Mendez/	Date Considered	12/22/2010
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ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /Z.M./